

Kentucky Board of Pharmacy
Continuing Education Program Approval Form

Spindletop Administration Bldg., Ste 302
2624 Research Park Drive
Lexington, KY 40511
Phone 859-246-2820 Fax 859-246-2823

☐ Group Request or ☐ Individual Request Date _____
☐ Attendance at Program
☐ Presentation of Program

Title/Topic _____

Name of the Provider/Sponser _____

Address _____

E-mail Address _____

Name of Individual / Group Submitting for Approval _____

Address _____

Business Phone _____ E-mail Address _____

Brief Summary or Objectives of Program - Enclose Brochure [if available].

Faculty / Presenters - (Name and Qualifications)

Program Dates _____	CEU(s) _____	Contact Hours _____	Kentucky Site _____
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Mode / Method of Presentation:

Live Presentation _____ (Minutes)	Video _____ (Minutes)	Discussion _____ (Minutes)	Other _____ (Specify) (Minutes)
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Composite Evaluation: (Not necessary for individuals)
MUST be submitted with this form for completed programs or within ten days of presentation. Any omission or delay may result in denied or reduced approval. Sample forms are available from the Board office.
**Remarks may be included on back of form.*

FOR OFFICE USE ONLY

Approved _____	Disapproved _____	CEU(s) Awarded _____	ID No. _____
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Date

Pharmacy Education Coordinator